

APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned
Filing Date:: September 19, 2003
Application Type:: Regular
Subject Matter:: Utility
Title:: Bone Anchor Placement Device With
Recessed Anchor Mount
Attorney Docket Number:: BSC-065CPC1
Total Drawing Sheets:: 39
Small Entity?: No
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Barry
Middle Name:: N.
Family Name:: Gellman
Name Suffix::
City of Residence:: North Eastern
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 19 Pebble Brook Road
City of Mailing Address:: North Eastern
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02356-1300

Applicant Authority Type:: Inventor

Patent Application
No. 01/000,000
Date: 09/19/03

Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ghaleb
Middle Name:: A.
Family Name:: Sater
Name Suffix::
City of Residence:: Lynnfield
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 1200 Salem Street, Unit # 123
City of Mailing Address:: Lynnfield
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01940

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Armand
Middle Name::
Family Name:: Morin
Name Suffix::
City of Residence:: Berkley
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 24 Locust Street
City of Mailing Address:: Berkley
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02779

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA

Status:: Full Capacity
Given Name:: Steven
Middle Name:: P.
Family Name:: Beaudet
Name Suffix::
City of Residence:: Littleton
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 82 Whitcomb Avenue
City of Mailing Address:: Littleton
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01460-1403

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/738,378	12/15/00
09/738,378	Continuation-in-part of	09/309,816	05/11/99
09/738,378	Non-provisional of	60/085,113	05/12/98
09/738,378	Non-provisional of	60/125,207	03/18/99
09/738,378	Continuation-in-part of	09/238,654	01/26/99
09/738,378	Non-provisional of	60/072,641	01/27/98

Assignee Information

Assignee Name:: Scimed Life Systems, Inc.
City of Mailing Address:: Maple Grove
State or Province of Mailing Address:: Minnesota
Country of Mailing Address:: U.S.